



DO/EO BIBLIOGRAPHIC DATA ENTRY

05 / 16 / RECEIPT DATE: SERIAL NUMBER: 09 / 831971 01 IA NUMBER: PCT/ AU99 / 01024 IA FILING DATE: 11 / 18 / 99 DELAY WAIVED (Y/N): Υ FAMILY NAME: SAARL00S DEMAND RECEIVED (Y/N): Υ GIVEN NAME: VAN PRIORITY DATE: 11 / 18 / 98 Υ PRIORITY CLAIMED (Y/N): US DESIGNATED ONLY (Y/N): N NO BASIC FEE (Y/N): Ν ATTORNEY DOCKET NUMBER: 8257.17USWO COUNTRY:

000000 TELEPHONE 0000000000 CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER:

FAX

NAME:

BRIAN H BATZLI

MERCHANT & GOULD

STREET: P 0 B0X 2903

CITY: MINNEAPOLIS

STATE/COUNTRY: MN

ZIP: 554020903

EMAIL:

APPLICATION TITLES:

LIMITED COHERENCE STEREO OPHTHALMOSCOPE

TAB TO LAST POSITION, PUSH SEND